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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26099 (4)
1. Corporation Name
EXXON GULF COAST ANNUITANT CLUB, INC.



Principal Place of Business C/O LANGSTON PLANGSTEN 7103 SCENIC HWY PENSACOLA FL 32504 US	Mailing Address C/O EUGENE LANGSTON 7103 SCENIC HWY PENSACOLA FL 32504 US
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3. Date Incorporated or Qualified
04/08/1988

4. FEI Number 63-0917752	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business 910 EXXON ANNUIT CLUB	2a. Mailing Address
Suite, Apt. #, etc. 7103 SCENIC HWY	Suite, Apt. #, etc.
22. City & State PENSACOLA FL	27. City & State
23. Zip 32504	28. Country US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**LANGSTON, E.P.
7103 SCENIC HWY
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REINSCH, HERBERT P.	
STREET ADDRESS	357 GAINES AVE	
CITY-ST-ZIP	MOBILE AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OSTENFELD, OTTO R.	
STREET ADDRESS	3087 COBBLESTONE DR	
CITY-ST-ZIP	PACE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FINLEY, CAROL K.	
STREET ADDRESS	4170 SPINMAKER UNIT #1223A	
CITY-ST-ZIP	GULF SHORES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LANGSTON, EUGENE P.	
STREET ADDRESS	7103 SCENIC HIGHWAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUNCH, MORGAN W.	
STREET ADDRESS	4201 KARMICH PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REINSCH, HERBERT P.	
1.3 STREET ADDRESS	357 GAINES AVE	
1.4 CITY-ST-ZIP	MOBILE AL	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OSTENFELD, OTTO R.	
2.3 STREET ADDRESS	3087 COBBLESTONE DR.	
2.4 CITY-ST-ZIP	PACE FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FISK, CAROL K.	
3.3 STREET ADDRESS	18521 YACHT CLUB RD	
3.4 CITY-ST-ZIP	FOLLY AL 36535	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene P. Langston 2/23/98 (850) 479-9847

CR2E037 (10/97)